

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/736743 12/17/03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		0				
4		0				
5		0				
6		0				
7	1					
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TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	12					

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